

STATE OF WASHINGTON  
EMPLOYMENT SECURITY DEPT  
VOLUNTEER ENROLLMENT FORM

DATE: \_\_\_\_\_

Volunteer Name: \_\_\_\_\_ Address: \_\_\_\_\_

Volunteer start date: \_\_\_\_\_ Ending date: \_\_\_\_\_

I am currently a volunteer through the following program: (please check one)

- ☐ AARP  
☐ VA-Veterans Work Study  
☐ Green Thumb  
☐ Volunteer working in an ESD office  
☐ CommJobs/ WEX (paid work experience-full L&I premium).  
☐ Other \_\_\_\_\_

Who will pay the Labor and Industries Premium? \_\_\_\_\_

My Volunteer Duties consist of: (narrative) \_\_\_\_\_ ☐ Clerical or ☐ Other

Hours I expect to volunteer per week: \_\_\_\_\_ during the hours of: \_\_\_\_\_

Duties are performed at Office Name: \_\_\_\_\_ Cost Center #: \_\_\_\_\_

Are you receiving a wage? ☐ No ☐ Yes,

If yes, source of the wage: \_\_\_\_\_

Will you lose a portion of the wage or all of the wage if you refuse to volunteer or cannot volunteer due to an injury? ☐ Yes ☐ No

Oath of Confidentiality signed? ☐ Yes ☐ No

Volunteer Signature: \_\_\_\_\_

I report to: Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Signature: \_\_\_\_\_

**Is ESD responsible to pay the Labor and Industries Premium?**

☐ YES ☐ NO

Please submit this volunteer enrollment form to: Payroll Services  
Employment Security Dept  
P O Box 9046  
Olympia, WA 98507-9046

A volunteer timesheet will be required at the end of each month to be submitted to Payroll if ESD is responsible for payment of the Labor and Industries Premium.